

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 64

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph S. Wilson MD

Mailing Address PO Box 52979

City

Atlanta

State

GA

Zip Code

30355-0979

FEC ID number of contributing
federal political committee.

C

Name of Employer

MAG Mutual Insurance Company

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2015

Transaction ID : B8EB21799037F0674FC

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Michael J. Wolk MD

Mailing Address 876 Park Ave

City

New York

State

NY

Zip Code

10075-1832

FEC ID number of contributing
federal political committee.

C

Name of Employer

New York Cardiology Associates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.02

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2015

Transaction ID : 465E9BC50106B8F2699C

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. R. Scott Wright F.A.C.C.

Mailing Address 200 1st St SW

Divide of Crdlgy Gonda 5-477

City

Rochester

State

MN

Zip Code

55905-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2015

Transaction ID : 6A51C8C554F125AB5DA

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1333.34

TOTAL This Period (last page this line number only)..... ►